

then painted over with a solution of equal parts of tincture of iodine, chloral and pure carbolic acid. The pain resulting from this application was very severe, but was soon controlled by an ointment composed of twenty grains of cocaine and an ounce of the ointment of roses, which the patient was allowed to keep on until all pain subsided. An ointment consisting of one part of the ointment of carbolic acid, two parts of the ointment of liquid tar, and five parts of diachylon ointment was then ordered to be kept continually applied to the whole inflamed area, and changed night and morning. On the third day the diseased area was thoroughly cleansed with soap and hot water, to which was added some bicarbonate of soda. The result of treatment so far was very satisfactory. The disease had not spread at all, the borders were less elevated and less distinct, and the itching less pronounced. The same treatment was again resorted to, only this time the whole surface of the lesion was lightly gone over with this solution of chloral, iodine and carbolic acid, then the cocaine ointment, and afterward the ointment of carbolic acid, tar and diachylon was applied as before. At the end of the next three days the disease had very decidedly improved in appearance. The induration was very much lessened, and here and there the redness had nearly disappeared. The raised, marginate border had flattened down greatly, the skin was less boggy, the scales had entirely disappeared, and the itching was not complained of at all. At the end of ten days' treatment, the solution of carbolic acid, iodine and chloral being applied every third day, islands of normal skin made their appearance here and there throughout the affected area. The margin, which was no longer raised, was intercepted here and there by normal integument.

The strong application, used every third or fourth day, was now only made to the diseased area, and then but very lightly, but the tar ointment was still continued.

At the end of three weeks the patient returned to his home cured, a slight pigmentation being all that remained of his disease. As a precaution to prevent any further return of this disease, I gave him a wash of two grains of bichloride of mercury to the ounce of rose-water, which was to be applied to the affected area once or twice a day for a month.

It is now two years since this patient passed from under my care, but it was only a few weeks ago that I heard from him, stating that there had been no return of the trouble. Here, then, was a case of parasitic skin disease which had lasted for over six months, treated the greater part of the time in the most approved manner without benefit, yet yielding in three weeks to a plan of treatment which has since then proven very satisfactory in my hands, used either in the method just described or modified to suit the case.

The use of iodine, carbolic acid and chloral in dermatology is, I know, nothing new, for either alone or in combination with other agents they have been recommended in many diseases of the skin, and are used with benefit. Thus iodine was strongly recommended by Hebra in lupus, lentigo and chloasma, and in small-pox to prevent pitting, while as a remedy for erysipelas and ringworm it has been used for many years.

Perhaps there is no other drug which enters more frequently into prescriptions for diseases of the skin than carbolic acid, although after closely studying the literature on the subject I find it very infrequently used in its pure state, unless to ulcerated surfaces, lupus and condylomata; but in combination with other substances, thus reducing its strength, it is very frequently used in the parasitic skin affections, chronic eczema, pruritus, and, in fact, nearly all the diseases of the skin in which itching is a marked characteristic, for the purpose of relieving this troublesome symptom.

Chloral, although used much less frequently than either carbolic acid or iodine, finds its way very frequently into prescriptions, it having, like carbolic acid, marked antiseptic and antipruritic properties.

If we study the physiological effects of these agents on the skin we find that iodine is a rube-facient, staining the skin yellow, and coagulating the albuminous agents, thus being an antiseptic and showing a decided tendency to hasten the absorption of all inflammatory products.

Carbolic acid is a superficial escharotic, turning the skin a white color. It first produces a burning pain, which is quickly followed by marked anæsthesia of the part to which it is applied. It forms a chemical combination with fat and coagulates albumen, thus being a very strong antiseptic, rapidly destroying micro-organisms. It also